PILOT STUDY ON NETWORKING OF PRIVATE AND PUBLIC HEALTH SERVICE PROVIDERS IN DEVANAHALLI TALUK – A FEASIBILITY STUDY

A REPORT

Submitted To :
KARNATAKA HEALTH SYSTEM DEVELOPMENT PROJECT
Bangalore

Submitted By :
ORG-MARG RESEARCH LTD.
Bangalore

MAY 1999

CONTENTS

INTRODUCTION

CHAPTER 1

INTRODUCTION

To a great extent, in large parts of the country the health infrastructure needed in the rural areas has been created. There are gaps, but they are not, even within current fund availability, insurmountable. This health infrastructure consists mainly of Taluk Hospital, PHCS and sub-centres with trained and paid staff.

For specialist services in the rural areas and as a supervisory institute a number of community Health centres / Block Health centres have been established. These centres are able to provide secondary level curative services and act as referral unit to PHCS. The Block Health centres are expected to supervise the PHCS but in practice in many regions of the country, they do not perform any such role.

The reasons for this may be logistical and administrative bottlenecks, especially poor quality of supervision and discipline, low morale and inadequate commitment and accountability of the health worker around whom almost all public health task revolve and most importantly, poor commitment from the senior staff especially medical personnel.

Keeping the above scenario in mind, Karnataka Health Development Project has thought of a new concept, which is based on **Networking of Public and Private Health Service providers** through Health Management Organisation (HMO). This concept would help to shape the emerging health care issues at village / taluk level.

The idea of HMO stems from western idea of "doctor on call". The concept has been further expanded to provide quick and complete medical services at a 'low cost', to the people.

It is generally believed that the rural populations in the country, particularly those who are in remote areas, prefer to go to the block / taluk hospital far away instead of approaching the nearby Private Doctor because of the cost involved. This may have to be verified by a primary research.

Here, cost and services are two critical aspects of medical care and under the 'new' concept the idea is to take care of both the aspects.

1.1 The Concept

As per the brief provided by KHDP the concept is as follows:

It is envisaged to establish a Health Management Organization (HMO) at the block level and the Private Doctors/ practitioners in the block/ taluka are expected to register with HMO. The per capita health expenditure in Karnataka is Rs. 185 per year. Under the new concept it is envisaged that each registered Private Doctor would register about 3000 willing citizens on their free consent from the nearby villages and he / she would be paid approximately Rs. 250/- per registration by the Government through a financial intermediary which may be termed as "Health Management Organization ". They are responsible for health status of citizens registered with them. These doctors would be the first referrals for these persons and they are responsible for the maintenance of the health of the citizens registered with them. Such registered persons would not have to pay anything to the doctor with whom he /she is registered. The doctor is expected to provide certain Health Packages to each of his/her 'client'. The doctors should provide health care to the registered patient in respect of basic package of services within the per capita funds provided to him. Taking preventive health practices and cost effective interventions by the doctor will help him to achieve savings within per capita allocations and such savings would be his profit or incentive to provide

services. As the citizens are free to choose their doctor, every year, satisfies the registered citizen with health care interventions in a prerequisite for continuation of providing registered persons and registration of new persons. These measures are expected to enhance the technical efficiency, allocations effectively and cost effectiveness of health care interventions.

The packages to be introduced under the new concept would be as follows :

1. Basic package of services :

A package design with flexibility to cover virtually all health care needs.

- **Annual Medical Checkup which includes continuous health data (B.P., eye care, T.B., Leprosy etc.)**
- **Mother & Child Health (MCH)**
  - Immunization (Rs.10/- will be paid for each case),
  - Ante Natal Care and Post Natal Care,
  - Delivery services (Rs.600 will be paid per case for delivery conducted in a government or private hospital),
  - Sterilization (Laproscopy) (Rs.100/- will be paid for each case),
  - Neo-natal disorders
- **Dental checkup**

2. **Package for management of Catastrophic cases (Chronic ailment)**

   - Blood Pressure
   - Diabetes Mellitus
   - Hearing Impairment
   - Cardiac Problem
   - Tuberculosis - DOT - Management

   (For all these Chronic ailments, only management cost will be paid to the doctors by the government)

3. **Symptoms Based cases / others like laboratory / X-ray**

   - Sepsis / Minor operations / Sexually transmitted diseases excluding AIDS.
   - Cold / Fever / Gastro-enteritis / Dog bite / Allergy disorders / poison cases/

As Government would be spending money on providing health care through registered Private Doctors there would not be any free services for people from the Hospitals/Centres, which are run by the Government. Every treatment or service provided in government centres including sub-centers will be charged.

The doctors with whom the patient has registered would be the first referral points for the patient. The doctor will be responsible for referring the case to the particular hospital for the patient if required and further he/she will also be responsible for ensuring

that the patient gets requisite care in the private or public hospital, by paying the costs of treatment. For services beyond the scope of the basic package of services, the general practitioners can either take up treatment with co-payments or can direct them to a district hospital or a tertiary care centre to enjoy treatment as per pre existing norms.

By this method, quick medical care is ensured for everyone living in the rural areas and pressures are also built up by the private sector to provide quality medical services in the referral hospitals.

The 'returns' to doctors registering places will dependent on number of patients he/she has managed to register and the quality of services provided to the patients which in reality would ensure retention of patients with the doctors.

In order to test out this concept, KHDP has approached ORG-MARG, a premier research and consultancy company to conduct feasibility study in Devanahalli taluk of Bangalore rural district.

1.2 Objectives :

The primary objective of the study would be to find out the feasibility of the concept of Health Management Organisation in Karnataka.

1.3 Methodology

In order to carry out this study both qualitative and quantitative research techniques were used. In-depth interview a qualitative technique was used to understand if the concept was workable from the supply end i.e. doctors. A total of 20 doctors were interviewed. Of these 10 were Private Doctors while 10 were Government Doctors.

An assessment of demand side was also done, by conducting household interviews. The main objective of these interviews was to explore the possibility of villagers accepting the concept.

To elicit opinions of the villagers on the new concept, quantitative research technique was used with the help of a semi-structured questionnaire. The questionnaire consisted of open-ended questions where the respondents could also give qualitative responses.

A total of 60 households across 4 villages in the taluk were contacted for the study. Out of the 4 villages 2 were with medical facility and other were interior villages without medical facility. These 60 households were randomly selected from 4 villages at the rate of 15 houses per village.

Discussion with the villagers was focussed on issues such as their medical problems during the past one year, treatment availed, cost of treatment, whether doctor was a Private practitioner or a Government Doctor, the problems faced in seeking treatment, level of satisfaction with the services offered by the doctors, etc.

Further, the villagers were also asked whether they were interested in joining / registering under the new concept.

The findings of both qualitative and quantitative study are presented in subsequent chapters.

HEALTH FACILITIES – AVAILABILITY AND USAGE

CHAPTER 2

HEALTH FACILITIES – AVAILABILITY AND USAGE

Study findings are based on in-depth discussions with private and Government Doctors operating in Devanahalli taluk and interviews with a set of villagers. A total of 10 private and 10 Government Doctors and 60 households were contacted during the study.

Years of experience for these doctors range from 3 to 30 years and very few have done specialisation. Almost all Private Doctors attend to 15-30 cases every day. A couple of them even said to be attending to 50-60 patients in a day. Government Doctors mentioned to have around 50-60 patients in a day. None of the Government Doctors was found to be doing private practice after regular PHC / hospital hours. The consulation fee of Private Doctors range from Rs.5 to 30. On an average Rs.15 is charged as consultation fee. A couple of them also provide free service to some of the poor patients and sometimes even medicines to the patients.

2.1 Patients' Profile :

Majority of patients visiting doctors in the study area are from lower income group and are generally reluctant to pay or not in a position to pay. The quantitative findings of the study support the above statement. Most of the people in the area are small cultivators or

unskilled workers working as daily wagers. Normally people come for the treatment of cold, fever, gastroenteritis, diabetes, ulcers and for ante-natal checkup.

2.2 Peoples' Profile :

The study findings reveal that in comparison to government, Private Doctors are preferred. This finding is substantiated by household survey. Out of 60 households visited during study only 17 have availed government health facilities.

Reason mentioned for such a preference is :

"Patients prefer Private Doctors to government because they get their money's worth i.e. better care and faster recovery".

According to some of the Government Doctors the Private practitioners give high dosage of antibiotics or injections for speedy recovery of patients which will have adverse reactions on the patient. On the other hand, the Private Doctors justify this by saying that since most of the patients are from poor class, they cannot afford to be sick for a long period and thereby lose daily wages.

Here again, it should be noted that only those who cannot afford even 5-10 rupees for treatment would visit a government institution. Non-availability of doctors, indifferent attitude of staff

and non-availability of free medicines were the reasons for non-preference of government institutions.

The study findings show that Devanahalli taluk does not have enough medical facilities to cater to the health needs of the population. Situation w.r.t the number of doctors is somewhat acceptable. The doctor population ratio roughly stands at 1:3700. Overall, there are around 12 qualified physicians and 15 Registered Medical Practitioners (RMPs).

The taluk has 7 Primary Health Centres (PHC) and one Community Health Centre (CHC). Out of the 7 PHCs 3 are not being optimally utilised due to non-availability of doctors. The CHC located at taluk headquater has a pediatrician, and 2 ophthalmologists. Although the CHC has 5 sanctioned posts, only above 3 have been filled in. Post of a gynecologist and surgeon is still vacant. Currently, one of the lady ophthalmologists is handling gynae cases. The CHC is not in a position to take up complicated delivery cases. It also has a full fledged Operation Theater (OT), a pharmacy, a pathology lab and a x-ray unit. However, OT facility is under utilised due to the absence of specialists. Cases pertaining to eye are fully taken care of, as 2 doctors posted here are ophthalmologists. The pathology lab is run by a lab technician and does not have a qualified pathologist. Here too, only routine tests such as blood / urine tests are conducted.

Therefore, it can be said that due to the dearth of appropriate manpower, the existing CHC is under utilised and as a result the complicated cases or surgery cases are referred to hospitals located at Bangalore. Women and child cases are referred to Vanivilas Hospital, accident cases to Sanjay Gandhi Hospital, and for other cases Victoria or Bowring Hospitals are referral hospitals.

Besides, the medical facilities at PHCs are available only during day time. Night facilities are available only at CHC. People staying in and around Vijayapura have access to a 7-bedded private nursing home.

Currently only 9 Government Doctors are present in the taluk. These doctors function through the PHCs and CHC. The rest are Private practitioners running independent clinics. All the Private Doctors contacted except two are General Practitioners with only MBBS degree. Of the two specialists one is a gynecologist and the other is an orthopedician. Only the most basic equipments such as thermometer, weighing machine and some surgical equipments used for minor surgeries (sepsis etc.) is present in the clinics of almost all the Private Doctors. For sterilising syringes and other surgical instruments 'Pressure cooker' or boiling water is used. Autoclaves were not available with any of them.

CONCEPT TESTING – DOCTORS' PERCEPTION

CHAPTER 3

CONCEPT TESTING – DOCTORS' PERCEPTION

During the survey, the concept of having a network of private and public health service providers was fully explained to the doctors and their opinions and reactions were solicited.

3.1 Doctors' Opinion :

In the study area all the doctors have welcomed the new concept but at the same time have expressed some apprehensions. All doctors except one posted in government institutions approve of the new concept. They feel that with the existing government infrastructure and manpower, it may not be possible for the government machinery to cater to the health needs of people. Participation of Private practitioners under the new system will facilitate in reaching medical services to more number of people.

When asked as to how this system would affect the current government system, the Government Doctors do feel that this system would threaten the existence of government system and if this system is fully acceptable and works, the government system / hospital may not get enough patients. However, a few of them are confident of getting enough patients who would still prefer government set-up. Villagers' opinion on this issue is discussed in the next chapter.

Out of 10 Private practitioners interviewed only 2 were reluctant to join the new system. To quote a few reactions,

"I think it is not practical. It is going to be one more failure".

"This system requires commitment..... under this new system people can be very demanding and we may have to face harassment from people".

"I appreciate the idea of networking. It is a great service to humanity".

"HMO is a new concept. It will take time before it is understood by doctors and people..... There should be enough awareness before and after implementation".

"My first reaction is suspicion, Will it be implemented ? I think there will be a lot of confusion among patients with regard to doctors".

One of the doctor working under government set-up opined that,

"Instead we should revamp the existing system, fill up vacancies and do away with corruption and politics".

"Private Doctors who has good 'business' may not agree to this concept".

"In a country like India this system may not work".

In addition to the above opinion Private Doctors have expressed concern regarding their income being monitored under the new system. They feel that once they join this system the government would know their income and would levy tax accordingly

As one of them said,

"Under this system doctors income should not be affected"

During the study, except one, none of the others mentioned to be paying tax.

A couple of doctors also opined that they should not be dislocated from their current place of operation.

3.2 Registration and other related issues :

The doctors have not expressed any preference or criteria for registering people under them. According to them anybody can get registered and the annual registration fee ranges between Rs.200-500 per person for most of them. One of the doctor opined that registration fee should be around Rs.1000/- per person. In addition to the registration fee, two of the Private practitioners who are reluctant to forego their consultation fee, want the patient to pay them some amount (Rs.15-30) for every visit. Reason cited for such an opinion was,

"Under HMO, once the patient is registered under a doctor he/she is free to come any number of times to the doctor.... and may bother us for small and petty problems.... so to avoid this we suggest a fee for every visit they make".

The respondents do not have any preference w.r.t. area of residence of the patients as they are already getting patients from both rural and urban areas. As mentioned earlier, most of the doctors are attending to 20-30 or more number of patients every day. Therefore, they do not mind registering as many patients as possible. Almost all the doctors interviewed agree to register around 2000-3000 patients with them. A couple of doctors seem to be very ambitious and opined that they can register 5000 or even more number of people under them.

3.3 Health Packages – Opinion & Willingness to undertake :

Under the new concept opinions on three health packages were obtained during the survey. All the doctors have unanimously agreed to offer their services under different packages.

3.3.1 Basic Annual Package :

For annual medical checkup almost all the doctors expect Rs.20-30 for each of the case. One of the Private practitioners had mentioned to charge Rs.200 for conducting the annual medical checkup.

Rs.20-40 per case as incentive is expected by almost all the doctors interviewed. Except one male doctor all others have agreed to impart antenatal / post-natal services and for these Rs.20-40 as incentive is proposed. Services like awareness / promotion of sterilisation and sanitary napkins would be provided free and without any incentive by 3 doctors, while the rest have proposed Rs.20-40 as incentive for the above services.

Beside the above mentioned services under basic annual package a few of the doctors suggested that screening of cataract cases, child care, advice / counseling to alcoholics and drug addicts and special package for aged people can also become a part of basic package.

Therefore, it can be said that except for ANC / PNC, all other services are acceptable to all the doctors interviewed. Reason for not undertaking ANC / PNC is that females are more open and comfortable with lady doctor. One of the doctor has suggested of a flat amount as incentive (Rs.2500) for all the services offered under basic annual package.

3.3.2 Package for catastrophic cases :

Except for hearing impairment, the respondents are willing to undertake other catastrophic cases. The doctors are already treating patients having blood pressure, heart problem and diabetes. According to the doctors, cost of treatment of patients

with heart problem or diabetes would be somewhere between Rs.200-500 and expected fee for handling such cases would fall between Rs.25-50 per visit.

Fee of Rs.25 for symptom based cases such as cold, fever and for minor operation Rs.100 is suggested. Here again it may be mentioned that almost all the doctors are treating the symptom-based cases.

As mentioned earlier facilities available with these doctors to undertake above mentioned packages, are not adequate. With the current infrastructure available with them and in the taluk, only basic services can be implemented and here too complicated delivery cases and male sterilisation cannot be conducted due to non-availability of a surgeon. However, with the new system the Private practitioner can utilise the government infrastructure. To quote an example, a qualified private lady doctor with specialisation in gynae and obstetrics can use CHC OT facilities to conduct complicated delivery cases.

According to the doctors in order to implement the packages, effectively ECG, life saving drugs, surgical equipments, autoclaves, blood bank more paramedical staff and most importantly basic training in certain specialised medical areas would be a great advantage.

As for the place of referral it was mentioned that once the taluk hospital / CHC is upgraded with all the facilities, the patients who need hospitalisation or special care would be referred to CHC. According to doctors, neither they nor the patients are in favour of moving out of taluk for treatment.

CONCEPT TESTING – VILLAGERS' PERCEPTION

CHAPTER 4

CONCEPT TESTING – VILLAGERS' PERCEPTION

In order to understand the feasibility and acceptability of the concept from the 'demand side' i.e. villagers who would be availing facilities, a total of 60 households across 4 villages in the taluk were visited.

4.1 Current treatment seeking behaviour :

Study findings reveal that atleast one or more members in the household have sought treatment in the last 6 months. Private practitioners clinic have been mentioned as place of treatment by 34 (57 percent) out of 60 respondents. CHC or PHC as place of treatment has been reported by only 17 respondents while the remaining 9 sought treatment from a institution outside the sample taluk.

Doctors and / or staff not available, ineffective treatment and no proper attention were the reasons mentioned for not visiting government facility. Besides, it was also revealed that government hospitals do not provide free medicines, therefore, in any case they have to spend on medicines why not visit a Private Doctor. As mentioned earlier, the patients prefer to take an injection for quick

recovery, which is generally denied by Government Doctors. Reasons mentioned for preferring a Private practitioner are good treatment and facility is easily accessible.

Further it should be noted that 50 out of 60 respondents reported to have spent money on treatment. Among these, doctor's fees and medicines were main heads of expenditure. 10 respondents have also spent on lab tests. Majority of respondents have spent Rs.10-50 as doctors fee and Rs.100-200 on medicines.

4.2 The concept – Willingness to join :

Except 3 all other respondents are willing to register under the new system. Easy to approach, scope of developing rapport with the doctor, good attention, less expensive treatment as they may not be referred to outside facilities were the common reasons cited for willingness to join the new system. Besides, possibility of recommendation to a good doctor in case of emergency and treatment for all kind of problems, are the other reasons for positive opinion on the concept. 23 respondents prefer to be registered under a particular doctor. Easy accessibility, well-known doctor, familiarity with case history were the reasons underlined such preference.

The respondents are willing to avail all the health packages under the new system. However, with regard to the cost of treatment most of them mentioned that certain services such as consultation, first aid, immunisation, lab test, ANC and certain medicines should be offered free of cost. The respondents are willing to pay for minor / major operation and for expensive medicines. A few even agree to bear the expenditure on lab test / x-ray.

Hence, it can be said that reaction w.r.t the concept has been positive among the user group and they do offer to share a part of the financial burden of treatment as long as it is easily accessible and effective.

SUMMARY AND SUGGESTIONS

CHAPTER 5

SUMMARY AND SUGGESTIONS

The most important point to come out of the findings is that most Doctors have been very receptive and positive towards the concept, though they have doubts whether it can be implemented.

The rates per patient, as worked out in the hypothesis, are also acceptable to the Doctors. Further the idea has acceptance among both Government and Private Doctors.

The only doubts which the Private Doctors have is that if they join the project, they would become part of the Government set up and so would they 'be transferred'.

Another worry is whether the 'pressure' created by them would actually lead to improvement of government services.

From the Government point of view, in order to launch the projects, two aspects would require immediate attention, first improvement in the facilities, at the CHC in Devanahalli Taluk and appointment of a full fledged staff and secondly providing grants to Private Doctors to improve their facilities.

Since the doctors here are receptive to the concept, the project can be launched in Devanahalli taluk, as a pilot. Once launched the hurdles coming in the way of its implementation, particularly with regard to the actual operations can be identified and corrective measures taken for the success of the project.

It seems that on an average every person is spending around Rs.100-200 per annum for medical treatment. Therefore, if the person has to pay for certain services under the new system there should not be any problem w.r.t willingness of people to join the new system.

However, one unique problem would be the popularity of a particular doctor who would attract all the patients to himself / herself thus leaving other Private Doctors with very few patients. For this concept to work there has to be some threshold for number of patients to a doctor, else it may create frictions between doctors and resulting in dropout of doctors.